

# TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

**See Instructions and Privacy  
Statement on Reverse Side**

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CLAIMANT'S NAME				SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
Jeff Macedo						Press	
POSITION		CB/ID NUMBER		DIVISION OR BUREAU			INDEX NUMBER
Deputy Press Secretary				Office of the Governor			
RESIDENCE ADDRESS				HEADQUARTERS ADDRESS			TELEPHONE NUMBER
				State Capitol			
CITY	STATE	ZIP	CITY	STATE	ZIP		
			Sacramento	CA	95814		

[illegible]

CLAIM TOTAL

276.24

~~\$281.71~~

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

## Staff GS events with President Medvedev

### NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

6ANZ220

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

SIGNATURE OF OFFICER \_\_\_\_\_

DATE

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE